



**Iowa Retirement Investors' Club (RIC)**  
**457/401a Plans**  
 Look forward to retirement!

## West Des Moines Community Schools RIC Account Form



### Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI Existing accounts use last 4 digits only  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (home) \_\_\_\_\_

### 457 Payroll Deduction Election

*Changes affect the 1<sup>st</sup> available check of the month following receipt of this form unless a later date is indicated. Stop requests are immediate.*

*The combined amount of all 457 pretax and Roth contributions in a tax year is limited to the IRS annually declared maximum contribution limits (see <https://das.iowa.gov/RIC/PSE/contributions>).*

	Horace Mann	MassMutual	VALIC	Voya
<b>Deduction amount (per check)</b>	Pretax \$ _____ Roth \$ _____ <input type="checkbox"/> Stop deductions	Pretax \$ _____ Roth \$ _____ <input type="checkbox"/> Stop deductions	Pretax \$ _____ Roth \$ _____ <input type="checkbox"/> Stop deductions	Pretax \$ _____ Roth \$ _____ <input type="checkbox"/> Stop deductions
<b>Alternative effective date (if desired)</b>	<input type="checkbox"/> Future date of _____ <input type="checkbox"/> Final check _____			

### Provider Transfer Request

*Account must be established with receiving provider.*

**Transfer:** ☐ All accounts ☐ Account # \_\_\_\_\_

<b>From:</b>	<b>To:</b>	<i>Make check payable to:</i> _____ FBO: Participant, Plan #: _____  <i>Mail to:</i> _____  <i>RIC administrator signature:</i> X _____ Date _____
<input type="checkbox"/> Horace Mann	<input type="checkbox"/> Horace Mann	
<input type="checkbox"/> MassMutual	<input type="checkbox"/> MassMutual	
<input type="checkbox"/> VALIC	<input type="checkbox"/> VALIC	
<input type="checkbox"/> Voya	<input type="checkbox"/> Voya	

### Participant Signature

I authorize my employer to process these requests. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Document. I have established 457 and 401a accounts with a RIC provider. I understand that the total of all 457 contributions made in the calendar year must not exceed the federal limits as required by the Internal Revenue Code section 457. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.

X \_\_\_\_\_  
Participant Signature Date

### Form Submission

**New accounts:** *Provider account forms:* Forward to the provider  
*RIC Account Form:* Forward to your payroll office (shown below)

**Existing account changes:** *RIC Account Form:* Forward to your payroll office (shown below)

### Agent Use Only (Not required for existing accounts or electronic enrollment if available)

I am authorized to open accounts for this employee and verify that the participant has established 457/401a accounts with the provider shown below.

Print Agent Name \_\_\_\_\_ Agent Signature \_\_\_\_\_ Agent Phone Number \_\_\_\_\_ Provider Name \_\_\_\_\_ Date \_\_\_\_\_

Received by RIC	Payroll Office	RIC Use Only
	Date Received: _____	Date Pended: _____
	Paycheck Effective Date: _____	Entered: _____
	Name: _____	Checked: _____



Visit the RIC website at <https://das.iowa.gov/RIC> and click on the Public Employees portal to access the RIC At-A-Glance (from Your Plan Details), IRS maximum contribution limits, and other plan options specific to your employer's 457/401a plans.

**West Des Moines Community Schools**  
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